

DEPARTMENT OF HEALTH SERVICES

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September 7, 2002

N.L. 17-0901
Index: Policy

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS AND MEDICAL CONSULTANTS AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) STAFF

SUBJECT: POLICY AND GUIDELINES FOR IDENTIFYING, DOCUMENTING,
CLAIMING, AND REPORTING HEALTHY FAMILIES (HF) SUBSCRIBER
CASES WHEN THE FAMILY'S ANNUAL ADJUSTED GROSS INCOME
IS GREATER THAN \$40,000

This CCS Numbered Letter provides policy for implementing the provisions of Health and Safety Code Section 123940 and Insurance Code Section 12693.69 which waives county expenditures for services to treat a HF program subscriber's CCS eligible medical condition when the family's annual adjusted gross income is in excess of \$40,000.

I. Background

The enactment of AB 1107 (Budget Trailer Bill), Chapter 146, Statutes of 1999, made statutory changes to the HF program, including the expansion of HF financial eligibility from 200 percent to 250 percent of the Federal Income Guidelines (\$42,440 for a family of four in 2001). It also expanded CCS financial eligibility requirements so that children enrolled in a HF plan who have a CCS-eligible medical condition and whose family's annual adjusted gross income is greater than \$40,000 could still be served by CCS. Additionally, the bill amended Health and Safety Code Section 123940 and added Section 12693.69 to the Insurance Code to exempt counties from contributing funds towards CCS services for HF subscribers whose family's annual adjusted gross income is greater than \$40,000. This provision requires the State to pay expenditures from designated state and federal funds only.

In addition to these statutory changes, Numbered Letter 01-0299 established CCS program policy for excluding HF applicants/families from having to meet a separate CCS financial eligibility determination. The basis for this policy is that the HF program conducts a financial eligibility determination that is consistent with that of the CCS program for ensuring the family's income is between 100 percent and 250 percent of the Federal Income Guidelines.

II. Policy

Local CCS programs shall allow families of HF subscribers to self declare whether their annual adjusted gross income is above or below \$40,000. This declaration is only permitted when the local CCS program identifies that a child for whom an application is being made is also a HF subscriber.

Under no circumstances shall these families be required to complete a separate CCS financial eligibility determination.

III. Policy Implementation

In order to comply with these statutes and CCS program policies, the CMS Branch has developed a model form (see enclosure 1) titled "HF Statement of Annual Income" which is to be used to identify whether an applicant's annual family adjusted gross income is above or below \$40,000. The form is structured so that families can declare their annual adjusted gross income without needing to produce any financial documentation. Using this form will 1) make it simple to target cases where the county is not financially responsible for these children's medical costs; 2) minimize the amount of local CCS staff time required to determine whether the family's annual adjusted gross income is greater than \$40,000; and 3) maintain a seamless system for families completing the CCS program eligibility process.

In addition, to ensure that families are providing correct financial information to CCS, the CMS Branch has obtained approval from the Managed Risk Medical Insurance Board to access HF financial eligibility information to confirm a family's annual adjusted gross income. The CMS Branch will routinely perform HF financial verification on these clients in order to maintain program integrity.


Local CCS programs shall apply the following guidelines:

A. Identification of family income for a HF subscriber

1. Request that the family declare whether their annual household income is above or below \$40,000. This can be accomplished by having the family:
 - A. Complete the "HF Statement of Annual Income" form when they come in for their program orientation interview; or
 - B. Send in a completed form if program eligibility is conducted by mail; or
 - C. Verbally declare this information if program eligibility is conducted using the telephone (if this method is used, local program staff is responsible for annotating the form based on the family's response).

2. Maintain a copy of the form in the client's chart.
- B. Reporting names of clients/families who have been identified with annual incomes greater than \$40,000
1. Local CCS programs shall develop lists of clients who have been identified with annual family income greater than \$40,000. These lists must include the child's name, date of birth, CCS case number and Client Index Number if the case is registered on CMS Net.
 2. The lists shall be submitted to CMS Branch on a quarterly basis to the attention of David Jimenez.
- C. Processing claims for HF subscribers meeting the criteria for 100 percent state and federal funding:
1. Claims for individual HF subscribers shall have the following attached:
 - A. Transmittal letter (see enclosure two).
 - B. Proof of HF coverage (e.g. Medi-Cal Eligibility Data System (MEDS) printout, HF Eligibility File printout, or copy of HF Plan membership card) for the date(s) of service that corresponds to the claim(s).
 2. The claims shall be submitted directly to the CMS Branch to the attention of Jo Monday.

If you have any questions regarding this letter, please contact your consultant.



Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

Healthy Families Statement of Annual Income

Patient Name: _____ Date of Birth: _____

Patient's Address: _____

My family's annual household income is: (check the correct response)

☐ At or below \$40,000

☐ Above \$40,000

I declare that the foregoing answer is true and correct to the best of my knowledge.

Signature of Applicant/Parent/Legal Guardian

Date Signed

This information is only being used to confirm your child's eligibility for the CCS program because CCS is authorizing the care to treat your child's special medical problems.

Date: _____

TO: Children's Medical Services Branch
1515 K Street, Room 400
P.O. Box 942732
Sacramento, CA 94234-7320

FROM: _____
County

This claim(s) is being submitted to CMS Branch because the services that have been authorized are to treat a HF subscriber's CCS-eligible medical condition and the family's annual household income is greater than \$40,000. In accordance with Section 123940 of the Health and Safety Code and Section 12693.69 of the Insurance Code, this claim(s) meets the criteria for 100 percent state and federal funding and county payment is not required. This transmittal document represents the child identified below, but may include multiple claims.

Child's name is: _____

Child's CCS No.: _____

Proof of HF coverage (e.g., MEDS printout, HF Eligibility File printout, or copy of HF Plan membership card) for the date of service(s) has been attached to each claim.

If you have any questions please call _____ at _____.

Signature of County CCS Representative